BEST AVAILABLE CODY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SWALL ENTITY	
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		• 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			3 mir	nus 3 =	0			X40=	()	OR	X80=	
MUI	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less that				ro, ente	r "0" in c	olumn 2	ŀ	TOTAL		OR	TOTAL	3010
	C		MENDED - PART II (Column 2) (Column 3)					OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1) CLAIMS	}		mn 2) Tesy	(Column 3))]]) 		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	}	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL			TOTAL ADDIT. FEE	
)	ADDIT. FEE (ű .	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HIGHEST NUMBER PREVIOUSLY PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	T 01 - 11 -	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	1	CLAIMS	<u> </u>	HIG	HEST	Î	1		ADDI-]		ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY) FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total		Minus			=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=	╢╟	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL									UN		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	<u></u>
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
ŀ	The "Highest Nur	nher Previously Pa	aid For (Total o	r Indepen	dent) is the	e highest numb	er for	und in the app	propriate bo	x in co	dumn 1.	